

117TH CONGRESS  
2D SESSION

# H. R. 7232

To provide for improvements in the implementation of the National Suicide Prevention Lifeline, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Mr. CÁRDENAS (for himself, Mr. FITZPATRICK, Ms. MATSUI, Ms. BLUNT ROCHESTER, Mr. MOULTON, Mrs. NAPOLITANO, Mr. BEYER, and Mr. RASKIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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# A BILL

To provide for improvements in the implementation of the National Suicide Prevention Lifeline, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       (a) SHORT TITLE.—This Act may be cited as the “9–  
5       8–8 and Parity Assistance Act of 2022”.

6       (b) TABLE OF CONTENTS.—The table of contents for  
7       this Act is as follows:

See. 1. Short title.

TITLE I—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION

Sec. 101. Behavioral Health Crisis Coordinating Office.  
Sec. 102. Regional and local lifeline call center program.  
Sec. 103. Mental Health Crisis Response Partnership Pilot Program.  
Sec. 104. National suicide prevention media campaign.

## TITLE II—HEALTH RESOURCES AND SERVICES ADMINISTRATION

Sec. 201. Health center capital grants.  
Sec. 202. Expanding behavioral health workforce training programs.

## TITLE III—BEHAVIORAL HEALTH CRISIS SERVICES EXPANSION

Sec. 301. Crisis response continuum of care.

## TITLE IV—MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY IMPLEMENTATION

Sec. 401. Grants to support mental health and substance use disorder parity implementation.

# 1   **TITLE I—SUBSTANCE ABUSE 2    AND MENTAL HEALTH SERV- 3    ICES ADMINISTRATION**

## 4   **SEC. 101. BEHAVIORAL HEALTH CRISIS COORDINATING OF- 5                             FICE.**

6       Part A of title V of the Public Health Service Act  
7   (42 U.S.C. 290aa et seq.) is amended by adding at the  
8   end the following:

## 9   **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING 10                             OFFICE.**

11       “(a) IN GENERAL.—The Secretary, acting through  
12   the Assistant Secretary for Mental Health and Substance  
13   Use, shall establish an office to coordinate work relating  
14   to behavioral health crisis care across the operating divi-  
15   sions of the Department of Health and Human Services,  
16   including the Centers for Medicare & Medicaid Services

1 and the Health Resources and Services Administration  
2 and external stakeholders.

3        “(b) DUTY.—The office established under subsection  
4 (a) shall—

5            “(1) convene Federal, State, Tribal, local, and  
6 private partners;

7            “(2) launch and manage Federal workgroups  
8 charged with making recommendations regarding be-  
9 havioral health crisis financing, workforce, equity,  
10 data, and technology, program oversight, public  
11 awareness, and engagement; and

12            “(3) support technical assistance, data analysis,  
13 and evaluation functions in order to develop a crisis  
14 care system to establish nationwide standards with  
15 the objective of expanding the capacity of, and ac-  
16 cess to, local crisis call centers, mobile crisis care,  
17 crisis stabilization, psychiatric emergency services,  
18 and rapid post-crisis follow-up care provided by—

19            “(A) the National Suicide Prevention and  
20 Mental Health Crisis Hotline and Response  
21 System;

22            “(B) community mental health centers (as  
23 defined in section 1861(ff)(3)(B) of the Social  
24 Security Act);

1               “(C) certified community behavioral health  
2               clinics, as described in section 223 of the Pro-  
3               tecting Access to Medicare Act of 2014; and

4               “(D) other community mental health and  
5               substance use disorder providers.

6        “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
7       is authorized to be appropriated to carry out this section  
8       \$10,000,000 for each of fiscal years 2023 through 2027.”.

9       **SEC. 102. REGIONAL AND LOCAL LIFELINE CALL CENTER**

10               **PROGRAM.**

11       Part B of title V of the Public Health Service Act  
12 (42 U.S.C. 290bb et seq.) is amended by inserting after  
13 section 520E–4 (42 U.S.C. 290bb–36d) the following:

14       **“SEC. 520E–5. REGIONAL AND LOCAL LIFELINE CALL CEN-  
15               TER PROGRAM.**

16       “(a) IN GENERAL.—The Secretary shall award  
17 grants to crisis call centers described in section 302(c)(1)  
18 of the 9–8–8 Implementation and Parity Assistance Act  
19 of 2022 to—

20               “(1) purchase or upgrade call center tech-  
21 nology;

22               “(2) provide for training of call center staff;

23               “(3) improve call center operations; and

24               “(4) hiring of call center staff.

1       “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section  
3 \$441,000,000 for fiscal year 2023, to remain available  
4 until expended.”.

5 SEC. 103. MENTAL HEALTH CRISIS RESPONSE PARTNER-  
6 SHIP PILOT PROGRAM.

7       Title V of the Public Health Service Act is amended  
8 (42 U.S.C. 290aa) by inserting after section 520F (42  
9 U.S.C. 290bb-37) the following:

10 "SEC. 520F-1. MENTAL HEALTH CRISIS RESPONSE PART-  
11 NERSHIP PILOT PROGRAM.

12       “(a) IN GENERAL.—The Secretary shall establish a  
13 pilot program under which the Secretary will award com-  
14 petitive grants to eligible entities to establish new, or en-  
15 hance existing, mobile crisis response teams that divert the  
16 response for mental health and substance use crises from  
17 law enforcement to mobile crisis teams, as described in  
18 subsection (b).

19        "(b) MOBILE CRISIS TEAMS DESCRIBED.—A mobile  
20 crisis team described in this subsection is a team of indi-  
21 viduals—

“(1) that is available to respond to individuals in crisis and provide immediate stabilization, referrals to community-based mental health and sub-

1       stance use disorder services and supports, and triage  
2       to a higher level of care if medically necessary;

3               “(2) which may include licensed counselors,  
4       clinical social workers, physicians, paramedics, crisis  
5       workers, peer support specialists, or other qualified  
6       individuals; and

7               “(3) which may provide support to divert be-  
8       havioral health crisis calls from the 9–1–1 system to  
9       the 9–8–8 system.

10       “(c) PRIORITY.—In awarding grants under this sec-  
11       tion, the Secretary shall prioritize applications which ac-  
12       count for the specific needs of the communities to be  
13       served, including children and families, veterans, rural and  
14       underserved populations, and other groups at increased  
15       risk of death from suicide or overdose.

16       “(d) REPORT.—

17               “(1) INITIAL REPORT.—Not later than one year  
18       after the date of the enactment of this section, the  
19       Secretary shall submit to Congress a report on steps  
20       taken by eligible entities as of such date of enact-  
21       ment to strengthen the partnerships among mental  
22       health providers, substance use disorder treatment  
23       providers, primary care physicians, mental health  
24       and substance use crisis teams, and paramedics, law  
25       enforcement officers, and other first responders.

1               “(2) PROGRESS REPORTS.—Not later than one  
2               year after the date on which the first grant is  
3               awarded to carry out this section, and for each year  
4               thereafter, the Secretary shall submit to Congress a  
5               report on the grants made during the year covered  
6               by the report, which shall include—

7               “(A) data on the teams and people served  
8               by such programs, including demographic infor-  
9               mation of individuals served, volume and types  
10               of service utilization, linkage to community-  
11               based resources and diversion from law enforce-  
12               ment settings, data consistent with the State  
13               block grant requirements for continuous evalua-  
14               tion and quality improvement, and other rel-  
15               evant data as determined by the Secretary; and

16               “(B) the Secretary’s recommendations and  
17               best practices for—

18               “(i) States and localities providing  
19               mobile crisis response and stabilization  
20               services for youth and adults; and

21               “(ii) improvements to the program es-  
22               tablished under this section.

23               “(e) ELIGIBLE ENTITY.—In this section, the term  
24               ‘eligible entity’ means each of the following:

1           “(1) Community mental health centers (as de-  
2       fined in section 1861(ff)(3)(B) of the Social Security  
3       Act).

4           “(2) Certified community behavioral health clin-  
5       ics described in section 223 of the Protecting Access  
6       to Medicare Act of 2014.

7           “(3) An entity that operates citywide, Tribal-  
8       wide, or county-wide crisis response systems, includ-  
9       ing cities, counties, Tribes, or a department or agen-  
10      cy of a city, county, or Tribe, including departments  
11      or agencies of social services, disability services,  
12      health services, public health, or mental health and  
13      substance disorder services.

14          “(4) A program of the Indian Health Service,  
15       whether operated by such Service, an Indian Tribe  
16       (as that term is defined in section 4 of the Indian  
17       Health Care Improvement Act), or by a Tribal orga-  
18       nization (as that term is defined in section 4 of the  
19       Indian Self-Determination and Education Assistance  
20       Act) or a facility of the Native Hawaiian health care  
21       systems authorized under the Native Hawaiian  
22       Health Care Improvement Act.

23          “(5) A public, nonprofit, or other organization  
24       that—

1               “(A) can demonstrate the ability of such  
2               organization to effectively provide community-  
3               based alternatives to law enforcement; and

4               “(B) has a demonstrated involvement with  
5               the identified communities to be served.

6       **“(f) AUTHORIZATION OF APPROPRIATIONS.—There**  
7       are authorized to be appropriated to carry out this section  
8       \$100,000,000 for each of fiscal years 2023 through  
9       2027.”.

10 **SEC. 104. NATIONAL SUICIDE PREVENTION MEDIA CAM-**  
11 **PAIGN.**

12       Subpart 3 of part B of title V of the Public Health  
13       Service Act (42 U.S.C. 290bb–31 et seq.) is amended by  
14       adding at the end the following:

15 **“SEC. 520N. NATIONAL SUICIDE PREVENTION MEDIA CAM-**  
16 **PAIGN.**

17       “(a) **NATIONAL SUICIDE PREVENTION MEDIA CAM-**  
18 **PAIGN.—**

19       “(1) **IN GENERAL.—**Not later than the date  
20       that is 3 years after the date of the enactment of  
21       this Act, the Secretary, in consultation with the As-  
22       sistant Secretary for Mental Health and Substance  
23       Use and the Director of the Centers for Disease  
24       Control and Prevention (referred to in this section  
25       as the ‘Director’), shall conduct a national suicide

1 prevention media campaign (referred to in this sec-  
2 tion as the ‘national media campaign’), for purposes  
3 of—

4 “(A) preventing suicide in the United  
5 States;

6 “(B) educating families, friends, and com-  
7 munities on how to address suicide and suicidal  
8 thoughts, including when to encourage individ-  
9 uals with suicidal risk to seek help; and

10 “(C) increasing awareness of suicide pre-  
11 vention resources of the Centers for Disease  
12 Control and Prevention and the Substance  
13 Abuse and Mental Health Services Administra-  
14 tion (including the suicide prevention hotline  
15 maintained under section 520E–3, any suicide  
16 prevention mobile application of the Centers for  
17 Disease Control and Prevention or the Sub-  
18 stance Abuse Mental Health Services Adminis-  
19 tration, and other support resources determined  
20 appropriate by the Secretary).

21 “(2) ADDITIONAL CONSULTATION.—In addition  
22 to consulting with the Assistant Secretary and the  
23 Director under this section, the Secretary shall con-  
24 sult with, as appropriate, State, local, Tribal, and  
25 territorial health departments, primary health care

1 providers, hospitals with emergency departments,  
2 mental and behavioral health services providers, cri-  
3 sis response services providers, paramedics, law en-  
4 forcement, suicide prevention and mental health pro-  
5 fessionals, patient advocacy groups, survivors of sui-  
6 cide attempts, and representatives of television and  
7 social media platforms in planning the national  
8 media campaign to be conducted under paragraph  
9 (1).

10 “(b) TARGET AUDIENCES.—

11 “(1) TAILORING ADVERTISEMENTS AND OTHER  
12 COMMUNICATIONS.—In conducting the national  
13 media campaign under subsection (a)(1), the Sec-  
14 retary may tailor culturally competent advertise-  
15 ments and other communications of the campaign  
16 across all available media for a target audience  
17 (such as a particular geographic location or demo-  
18 graphic) across the lifespan.

19 “(2) TARGETING CERTAIN LOCAL AREAS.—The  
20 Secretary shall, to the maximum extent practicable,  
21 use amounts made available under subsection (f) for  
22 media that targets certain local areas or populations  
23 at disproportionate risk for suicide.

24 “(c) USE OF FUNDS.—

25 “(1) REQUIRED USES.—

1                 “(A) IN GENERAL.—The Secretary shall, if  
2     reasonably feasible with the funds made avail-  
3     able under subsection (f), carry out the fol-  
4     lowing, with respect to the national media cam-  
5     paign:

6                 “(i) Testing and evaluation of adver-  
7     tising.

8                 “(ii) Evaluation of the effectiveness of  
9     the national media campaign.

10                 “(iii) Operational and management  
11     expenses.

12                 “(iv) The creation of an educational  
13     toolkit for television and social media plat-  
14     forms to use in discussing suicide and rais-  
15     ing awareness about how to prevent sui-  
16     cide.

17                 “(B) SPECIFIC REQUIREMENTS.—

18                 “(i) TESTING AND EVALUATION OF  
19     ADVERTISING.—In testing and evaluating  
20     advertising under subparagraph (A)(i), the  
21     Secretary shall test all advertisements  
22     after use in the national media campaign  
23     to evaluate the extent to which such adver-  
24     tisements have been effective in carrying

1           out the purposes of the national media  
2           campaign.

3           “(ii) EVALUATION OF EFFECTIVENESS  
4           OF NATIONAL MEDIA CAMPAIGN.—In eval-  
5           uating the effectiveness of the national  
6           media campaign under subparagraph  
7           (A)(ii), the Secretary shall—

8           “(I) take into account the num-  
9           ber of unique calls that are made to  
10          the suicide prevention hotline main-  
11          tained under section 520E–3 and as-  
12          sess whether there are any State and  
13          regional variations with respect to the  
14          capacity to answer such calls;

15          “(II) take into account the num-  
16          ber of unique encounters with suicide  
17          prevention and support resources of  
18          the Centers for Disease Control and  
19          Prevention and the Substance Abuse  
20          and Mental Health Services Adminis-  
21          tration and assess engagement with  
22          such suicide prevention and support  
23          resources;

24          “(III) assess whether the na-  
25          tional media campaign has contrib-

7               “(2) OPTIONAL USES.—The Secretary may use  
8               amounts made available under subsection (f) for the  
9               following, with respect to the national media cam-  
10              paign:

11                     “(A) Partnerships with professional and  
12                     civic groups, community-based organizations,  
13                     including faith-based organizations, and Fed-  
14                     eral agencies or Tribal organizations that the  
15                     Secretary determines have experience in suicide  
16                     prevention, including the Substance Abuse and  
17                     Mental Health Services Administration and the  
18                     Centers for Disease Control and Prevention.

19                 “(B) Entertainment industry outreach,  
20                 interactive outreach, media projects and activi-  
21                 ties, the dissemination of public information,  
22                 news media outreach, outreach through tele-  
23                 vision programs, and corporate sponsorship and  
24                 participation.

1       “(d) PROHIBITIONS.—None of the amounts made  
2 available under subsection (f) may be obligated or ex-  
3 pended for any of the following:

4           “(1) To supplant Federal suicide prevention  
5 campaigns in effect as of the date of the enactment  
6 of this section.

7           “(2) For partisan political purposes, or to ex-  
8 press advocacy in support of or to defeat any clearly  
9 identified candidate, clearly identified ballot initia-  
10 tive, or clearly identified legislative or regulatory  
11 proposal.

12       “(e) REPORT TO CONGRESS.—Not later than 18  
13 months after implementation of the national media cam-  
14 paign has begun, the Secretary, in coordination with the  
15 Assistant Secretary and the Director, shall, with respect  
16 to the first year of the national media campaign, submit  
17 to Congress a report that describes—

18           “(1) the strategy of the national media cam-  
19 paign and whether specific objectives of such cam-  
20 paign were accomplished, including whether such  
21 campaign impacted the number of calls made to life-  
22 line crisis centers and the capacity of such centers  
23 to manage such calls;

24           “(2) steps taken to ensure that the national  
25 media campaign operates in an effective and effi-

1       cient manner consistent with the overall strategy  
2       and focus of the national media campaign;

3           “(3) plans to purchase advertising time and  
4       space;

5           “(4) policies and practices implemented to en-  
6       sure that Federal funds are used responsibly to pur-  
7       chase advertising time and space and eliminate the  
8       potential for waste, fraud, and abuse; and

9           “(5) all contracts entered into with a corpora-  
10      tion, a partnership, or an individual working on be-  
11      half of the national media campaign.

12       “(f) AUTHORIZATION OF APPROPRIATIONS.—For  
13      purposes of carrying out this section, there is authorized  
14      to be appropriated \$10,000,000 for each of fiscal years  
15      2022 through 2026.”.

16      **TITLE II—HEALTH RESOURCES  
17      AND SERVICES ADMINISTRA-  
18      TION**

19      **SEC. 201. HEALTH CENTER CAPITAL GRANTS.**

20       Subpart 1 of part D of title III of the Public Health  
21      Service Act (42 U.S.C. 254b et seq.) is amended by adding  
22      at the end the following:

23      **“SEC. 330O. HEALTH CENTER CAPITAL GRANTS.**

24       “(a) IN GENERAL.—The Secretary shall award  
25      grants to eligible entities for capital projects.

1        “(b) ELIGIBLE ENTITY.—In this section, the term  
2 ‘eligible entity’ is an entity that is—

3                “(1) a health center funded under section 330,  
4 or in the case of a Tribe or Tribal organization, eli-  
5 gible, to be awarded without regard to the time limi-  
6 tation in subsection (e)(3) and subsections  
7 (e)(6)(A)(iii), (e)(6)(B)(iii), and (r)(2)(B) of such  
8 section; or

9                “(2) a mental health and substance use crisis  
10 receiving and stabilization program and crisis call  
11 center described in section 302(c)(1) of the 9–8–8  
12 Implementation and Parity Assistance Act of 2022  
13 that have a working relationship with one or more  
14 local community mental health and substance use  
15 organizations, community mental health centers, and  
16 certified community behavioral health clinics, or  
17 other local mental health and substance use care  
18 providers, including inpatient and residential treat-  
19 ment settings.

20        “(c) USE OF FUNDS.—Amounts made available to a  
21 recipient of a grant or cooperative agreement pursuant to  
22 subsection (a) shall be used for crisis response program  
23 facility alteration, renovation, remodeling, expansion, con-  
24 struction, and other capital improvement costs, including

1 the costs of amortizing the principal of, and paying inter-  
2 est on, loans for such purposes.

3       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated to carry out this section  
5 \$1,000,000,000, to remain available until expended.”.

6 **SEC. 202. EXPANDING BEHAVIORAL HEALTH WORKFORCE**

7                   **TRAINING PROGRAMS.**

8       Section 756 of the Public Health Service Act (42  
9 U.S.C. 294e–1) is amended—

10              (1) in subsection (a)—

11               (A) in paragraph (1), by inserting “crisis  
12 management (such as at a crisis call center, as  
13 part of a mobile crisis team, or through crisis  
14 receiving and stabilization program),” after  
15 “occupational therapy,”;

16               (B) in paragraph (2), by inserting “and  
17 providing crisis management services (such as  
18 at a crisis call center, as part of a mobile crisis  
19 team, or through crisis receiving and stabiliza-  
20 tion program)” after “treatment services,”;

21               (C) in paragraph (3), by inserting “and  
22 providing crisis management services (such as  
23 at a crisis call center, as part of a mobile crisis  
24 team, or through crisis receiving and stabiliza-

1           tion program)," after "behavioral health serv-  
2           ices"; and

3           (D) in paragraph (4), by inserting "includ-  
4           ing for the provision of crisis management serv-  
5           ices (such as at a crisis call center, as part of  
6           a mobile crisis team, or through crisis receiving  
7           and stabilization program)," after "paraprofes-  
8           sional field";

9           (2) in subsection (d)(2), by inserting "or that  
10          emphasize training in crisis management and meet-  
11          ing the crisis needs of diverse populations specified  
12          in (b)(2), including effective outreach and engage-  
13          ment" after "partnerships"; and

14          (3) by adding at the end the following:

15          "(g) ADDITIONAL FUNDING.—

16          "(1) IN GENERAL.—For each of fiscal years  
17          2023 through 2027, in addition to funding made  
18          available under subsection (f), there are authorized  
19          to be appropriated \$15,000,000 for workforce devel-  
20          opment for crisis management, as specified in para-  
21          graphs (1) through (4) of subsection (a).

22          "(2) PRIORITY.—In making grants for the pur-  
23          pose specified in paragraph (1), the Secretary shall  
24          give priority to programs demonstrating effective re-  
25          cruitment and retention efforts for individuals and

1       groups from different racial, ethnic, cultural, geo-  
2       graphic, religious, linguistic, and class backgrounds,  
3       and different genders and sexual orientations, as  
4       specified in subsection (b)(2).”.

5       **TITLE III—BEHAVIORAL HEALTH**  
6       **CRISIS SERVICES EXPANSION**

7       **SEC. 301. CRISIS RESPONSE CONTINUUM OF CARE.**

8       Subpart 3 of part B of title V of the Public Health  
9       Service Act (42 U.S.C. 290bb–31 et seq.), as amended by  
10      section 106, is further amended by adding at the end the  
11      following:

12      **“SEC. 520O. CRISIS RESPONSE CONTINUUM OF CARE.**

13       “(a) IN GENERAL.—The Secretary shall establish  
14      standards for a continuum of care for use by health care  
15      providers and communities in responding to individuals,  
16      including children and adolescents, experiencing mental  
17      health crises, substance related crises, and crises arising  
18      from co-occurring disorders (referred to in this section as  
19      the ‘crisis response continuum’).

20       “(b) REQUIREMENTS.—

21       “(1) SCOPE OF STANDARDS.—The standards  
22      established under subsection (a) shall define—

23           “(A) minimum requirements of core crisis  
24      services, as determined by the Secretary, to in-

1           clude requirements that each entity that fur-  
2           nishes such services should—

3                 “(i) not require prior authorization  
4                 from an insurance provider nor referral  
5                 from a health care provider prior to the de-  
6                 livery of services;

7                 “(ii) serve all individuals regardless of  
8                 age or ability to pay;

9                 “(iii) operate 24 hours a day, 7 days  
10                a week, and provide care to all individuals;  
11                and

12                 “(iv) provide care and support  
13                through resources described in paragraph  
14                (2)(A) until the individual has been sta-  
15                bilized or transfer the individual to the  
16                next level of crisis care; and

17                 “(B) psychiatric stabilization, including the  
18                point at which a case may be closed for—

19                 “(i) individuals screened over the  
20                phone; and

21                 “(ii) individuals stabilized on the  
22                scene by mobile teams.

23                 “(2) IDENTIFICATION OF ESSENTIAL FUNC-  
24                TIONS.—The Secretary shall identify the essential

1       functions of each service in the crisis response con-  
2       tinuum, which shall include at least the following:

3             “(A) Identification of resources for referral  
4               and enrollment in continuing mental health,  
5               substance use, or other human services relevant  
6               for the individual in crisis where necessary.

7             “(B) Delineation of access and entry  
8               points to services within the crisis response con-  
9               tinuum.

10            “(C) Development of and adherence to pro-  
11               tocols and agreements for the transfer and re-  
12               ceipt of individuals to and from other segments  
13               of the crisis response continuum segments as  
14               needed, and from outside referrals including  
15               health care providers, law enforcement, EMS,  
16               fire, education institutions, and community-  
17               based organizations.

18            “(D) Description of the qualifications of  
19               crisis services staff, including roles for physi-  
20               cians, licensed clinicians, case managers, and  
21               peers (in accordance with State licensing re-  
22               quirements or requirements applicable to Tribal  
23               health professionals).

24            “(E) Requirements for the convening of  
25               collaborative meetings of crisis response service

1 providers, first responders, such as paramedics  
2 and law enforcement, and community partners  
3 (including National Suicide Prevention Lifeline  
4 or 9–8–8 call centers, 9–1–1 public service an-  
5 swering points, and local mental health and  
6 substance use disorder treatment providers) op-  
7 erating in a common region for the discussion  
8 of case management, best practices, and general  
9 performance improvement.

10 “(3) SERVICE CAPACITY AND QUALITY STAND-  
11 ARDS.—Such standards shall include definitions of—

12 “(A) adequate volume of services to meet  
13 population need;

14 “(B) appropriate timely response; and

15 “(C) capacity to meet the needs of dif-  
16 ferent patient populations who may experience  
17 a mental health or substance use crisis, includ-  
18 ing children, families, and all age groups, cul-  
19 tural and linguistic minorities, individuals with  
20 co-occurring mental health and substance use  
21 disorders, individuals with cognitive disabilities,  
22 individuals with developmental delays, and indi-  
23 viduals with chronic medical conditions and  
24 physical disabilities.

1                 “(4) OVERSIGHT AND ACCREDITATION.—The  
2                 Secretary shall designate entities charged with the  
3                 oversight and accreditation of entities within the cri-  
4                 sis response continuum.

5                 “(5) IMPLEMENTATION TIMEFRAME.—Not later  
6                 than 1 year after the date of enactment of this title,  
7                 the Secretary shall establish the standards under  
8                 this section.

9                 “(6) DATA COLLECTION AND EVALUATIONS.—

10                 “(A) IN GENERAL.—The Secretary, di-  
11                 rectly or through grants, contracts, or inter-  
12                 agency agreements, shall collect data and con-  
13                 duct evaluations with respect to the provision of  
14                 services and programs offered on the crisis re-  
15                 sponse continuum for purposes of assessing the  
16                 extent to which the provision of such services  
17                 and programs meet certain objectives and out-  
18                 comes measures as determined by the Sec-  
19                 retary. Such objectives shall include—

20                 “(i) a reduction in reliance on law en-  
21                 forcement response to individuals in crisis  
22                 who would be more appropriately served by  
23                 a mobile crisis team capable of responding  
24                 to mental health and substance related cri-  
25                 ses;

1                         “(ii) a reduction in boarding or ex-  
2                         tended holding of patients in emergency  
3                         room facilities who require further psy-  
4                         chiatric care, including care for substance  
5                         use disorders;

6                         “(iii) evidence of adequate access to  
7                         crisis care centers and crisis bed services;  
8                         and

9                         “(iv) evidence of adequate linkage to  
10                         appropriate post-crisis care and longitu-  
11                         dinal treatment for mental health or sub-  
12                         stance use disorder when relevant.

13                         “(B) RULEMAKING.—The Secretary shall  
14                         carry out this subsection through notice and  
15                         comment rulemaking, following a request for in-  
16                         formation from stakeholders.

17                         “(c) COMPONENTS OF CRISIS RESPONSE CON-  
18 TINUUM.—The crisis response continuum consists of at  
19 least the following components:

20                         “(1) CRISIS CALL CENTERS.—Regional clini-  
21                         cally managed crisis call centers that provide tele-  
22                         phonic crisis intervention capabilities. Such centers  
23                         should meet National Suicide Prevention Lifeline  
24                         operational guidelines regarding suicide risk assess-

1       ment and engagement and offer air traffic control-  
2       quality coordination of crisis care in real-time.

3           “(2) MOBILE CRISIS RESPONSE TEAM.—Teams  
4       of providers that are available to reach any indi-  
5       vidual in the service area in their home, workplace,  
6       school, physician’s office or outpatient treatment set-  
7       ting, or any other community-based location of the  
8       individual in crisis in a timely manner.

9           “(3) CRISIS RECEIVING AND STABILIZATION FA-  
10       CILITIES.—Subacute inpatient facilities and other  
11       facilities specified by the Secretary that provide  
12       short-term observation and crisis stabilization serv-  
13       ices to all referrals, including the following services:

14           “(A) 23-HOUR CRISIS STABILIZATION  
15       SERVICES.—A direct care service that provides  
16       individuals in severe distress with up to 23 con-  
17       secutive hours of supervised care to assist with  
18       deescalating the severity of their crisis or need  
19       for urgent care in a subacute inpatient setting.

20           “(B) SHORT-TERM CRISIS RESIDENTIAL  
21       SERVICES.—A direct care service that assists  
22       with deescalating the severity of an individual’s  
23       level of distress or need for urgent care associ-  
24       ated with a substance use or mental health dis-  
25       order in a residential setting.

1           “(4) MENTAL HEALTH AND SUBSTANCE USE  
2       URGENT CARE FACILITIES.—Ambulatory services  
3       available 12–24 hours per day, 7 days a week, where  
4       individuals experiencing crisis can walk in without  
5       an appointment to receive crisis assessment, crisis  
6       intervention, medication, and connection to con-  
7       tinuity of care.

8           “(5) ADDITIONAL FACILITIES AND PRO-  
9       VIDERS.—The Secretary shall specify additional fa-  
10      cilities and health care providers as part of the crisis  
11      response continuum, as the Secretary determines ap-  
12      propriate.

13       “(d) RELATIONSHIP TO STATE LAW.—

14           “(1) IN GENERAL.—Subject to paragraph (2),  
15      the standards established under this section are min-  
16      imum standards and nothing in this section may be  
17      construed to preclude a State from establishing ad-  
18      ditional standards, so long as such standards are not  
19      inconsistent with the requirements of this section or  
20      other applicable law.

21           “(2) WAIVER OR MODIFICATION.—The Sec-  
22      retary shall establish a process under which a State  
23      may request a waiver or modification of a standard  
24      established under this section.”.

1     **TITLE IV—MENTAL HEALTH AND**  
2     **SUBSTANCE USE DISORDER**  
3     **PARITY IMPLEMENTATION**

4     **SEC. 401. GRANTS TO SUPPORT MENTAL HEALTH AND SUB-**  
5                 **STANCE USE DISORDER PARITY IMPLEMEN-**  
6                 **TATION.**

7         (a) IN GENERAL.—Section 2794(c) of the Public  
8 Health Service Act (42 U.S.C. 300gg–94(c)) (as added by  
9 section 1003 of the Patient Protection and Affordable  
10 Care Act (Public Law 111–148)) is amended by adding  
11 at the end the following:

12                 “(3) PARITY IMPLEMENTATION.—

13                 “(A) IN GENERAL.—Beginning 60 days  
14 after the date of enactment of this paragraph,  
15 the Secretary shall award grants to States to  
16 implement the mental health and substance use  
17 disorder parity provisions of section 2726, pro-  
18 vided that in order to receive such a grant, a  
19 State is required to request and review from  
20 health insurance issuers offering group or indi-  
21 vidual health insurance coverage the compara-  
22 tive analyses and other information required of  
23 such health insurance issuers under subsection  
24 (a)(8)(A) of such section 2726 regarding the  
25 design and application of nonquantitative treat-

1           ment limitations imposed on mental health or  
2           substance use disorder benefits.

3           “(B) AUTHORIZATION OF APPROPRIA-  
4           TIONS.—For purposes of awarding grants  
5           under subparagraph (A), there are authorized  
6           to be appropriated \$25,000,000 for each of the  
7           first five fiscal years beginning after the date of  
8           the enactment of this paragraph.”.

9           (b) TECHNICAL AMENDMENT.—Section 2794 of the  
10        Public Health Service Act (42 U.S.C. 300gg–95), as  
11        added by section 6603 of the Patient Protection and Af-  
12        fordable Care Act (Public Law 111–148) is redesignated  
13        as section 2795.

